

Part B Insider (Multispecialty) Coding Alert

Reader Question: Know the Ropes When Coding Paps

Question: Which CPT® code should we submit for a Pap smear?

Texas Subscriber

Answer: Your code choice depends on whether the patient is covered by Medicare and whether the Pap smear is being collected for screening or diagnostic purposes. For Medicare patients, you can code for obtaining the specimen for screening purposes by reporting HCPCS code Q0091 (Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory). Typically, this is done in conjunction with a screening pelvic and breast examination, which may be separately reported to Medicare with HCPCS code G0101 - Cervical or vaginal cancer screening; pelvic and clinical breast examination.

Explanation: CPT®'s Pap smear codes, such as 88175 (Cytopathology, cervical or vaginal [any reporting system], collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision), represent the pathologist's interpretation work. CPT® does not have separate codes for reporting the obtaining of a Pap smear specimen, because CPT® considers it inherent in the procedure or other service (e.g., office visit) being performed.

For non-Medicare patients and for Medicare patients for whom the Pap smear is being collected for diagnostic purposes, obtaining a Pap smear specimen is not separately reportable. Instead, you will need to report a code for the encounter at which the Pap smear specimen is collected. This will likely be a preventive service code or a standard office visit code (9920x or 9921x), depending on the nature of the encounter.

Screening Pap smears are a separate benefit under the Medicare program, which is why Medicare has HCPCS code Q0091 for this purpose.

Other tips: Medicare covers Pap smears and screening pelvic exams once every 12 months for women who are of childbearing age and have had an exam in the previous three years that indicated the presence of cervical or vaginal cancer or other abnormalities; or who are considered high risk for developing cervical or vaginal cancer. Women are considered to be at high risk for cervical cancer if they:

- Engaged in sexual activity before the age of 16;
- Had multiple sexual partners (more than 5 in a lifetime);
- Have a history of a sexually transmitted disease (including the human papillomavirus and/or HIV infection);
- Had fewer than 3 negative Pap tests within the previous 7 years

Pap smears and pelvic exams for all other women (low risk) are covered every two years.